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دائرة العلوم السريرية الطبية
دفعة بصمه طبيب 31
طب بشري

OPHTHALMOLOGY

Conjunctiva

Lecture No. **7**

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جروب ((C))

اللجنة العلمية لدفعة بصمة طبيب 31

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Conjunctiva

Thin, translucent, vascular mucous membrane

Inflammation of conj. is evaluated by:-

1. Discharge
2. Conj. reactions.
3. Lymphadenopathy:- If the infection is severe; it may spread & affects L. Ns which drain conj. & leads to adenopathy.
Like: Periauricular or cervical.

TTT of conjunctivitis:-

1. Antibiotic drops.
2. Antibiotic ointments.
3. Steroid → if it is severe infection chik by severe redness, itche, we may need to prescribe steroids to decrease the symptoms.
(↑ جاذبه)
5, 25, 1

In Ht of acute mucopurulent conj.

we prescribe broad spectrum topical antibiotics drops for day & ointment for night.

It's long acting

If the infection is A mucopurulent → the causative organism is bacterial. B Watery 1 Bacterial 2 Viral

Acute purulent conjunctivitis:-

From the beginning, it's thick by purulent secretion.

A.E: *Cromococcus* & diphtheria can invade contact cornea.

N.B: All bacteria needs predisposing factors to be able to invade cornea. (such as corneal abrasion)

Ophthalmia neonatorum:-

The neonate is born suffering from the infection from the first day at delivery. So if the infection starts after one week or more, it isn't ophthalmia neonatorum & we will think of other causes.

Complications/ Endophthalmitis: inflammation inside the eye. Panophthalmitis: inflammation of whole the eye including EOM, orbit --- so on.

TTT: IF the pregnant woman discovered the gonococcal infection during pregnancy, she must get TT, but if it is discovered just before delivery she must do C.S.

* Neonatal chlamydial conjunctivitis:-

Presents b/w 5-19 days after birth, so it is different from ophthalmia neonatorum.

* III:- The first choice of ttt is Tetracycline, because Chlamydia is always sensitive to it, but if the pt. has an allergy against Tetracycline, we can prescribe Erythromycine & oral erythromycine should be prescribe & we can add ointment & topical forms).

Membranous conjunctivitis:- (Diphtheric $\rightarrow$ can invade contact cornea).

Complications/ symblepharon:- adhesion b/w bulbar & Palpebral conjunctiva

III:- First, we take culture swab & then start taking the ttt of diphtheria until the result of the culture shows no evidence of diphtheria $\xrightarrow{\text{appears}}$ then we should stop the ttt, unless the culture is positive, we continue it.

Chronic conjunctivitis:-

Symptoms: discomfort, grittiness, difficulty in keeping the lids open, mild serous discharge & long hx of chronic conjunctivitis.

Trachoma (very important)

* Endemic in hot weather in Yemen.

* Stages of Trachoma:-

1. Follicular stage.
2. Intense stage.
3. Scarring stage.
4. Trichiasis stage:- after scarring stage



means

Fibrosis

↓
entropion

Leads to

means

contraction in lid margin

(turning inward)

↓
Trichiasis.

5. Opacity stage

ditto → 1- irritation of cornea.

2- recurrent ulceration.

Complications of Trachoma: the

P^hasis: mechanical heaviness d/t ^{the} follicles.

Xerosis: because it affects ^{the} goblet cells which secrete the mucinous layer of the tear film → so ^{the} tear film becomes unstable → Xerosis.

T^h of Trachoma:-

- 1- Tetracyclines: for long time (3 months at least).
- 2- Sulphonamides.
- 3- Azithromycines: 3 tabs once (one single dose).
- 4- Surgical th for complicated cases, such as:-

- 1- Entropion.
- 2- Corneal opacity → Corneal graft.
→ Corneal transplantation.

Allergic conjunctivitis: 3- Spring Catarrh

Complications & T^h:-

1. Glaucoma & Cataract due to long standing use of steroids, so we try to avoid steroids as soon as possible.
2. Steroids is indicated in sever cases only.
- 3- We prescribe weak steroids for children.
- 4- We can also prescribe mast cell stabilizer.
5. Prophylaxis is important (like wearing glasses).

Degenerations: Pterygium:-

It's ch. ch. by fibro-vascular tissue-

Courses 1. Progressive stage.

2. Atrophic stages- d/t $\downarrow$ BS (Blood supply).

1st Surgical / in high rate of recurrence & active pterygium which move & affect cornea.)

→ Previously, they were removed the pterygium & cut that part of conjunctiva, but now they cut that part & transplant new part from healthy area of conjunctiva (From upper limbus).

→ We don't do surgery if the pterygium stops at the limbic site.

Symptomatic conditions /

1. Irritation

2. Spontaneous / d.t. frag. BV (Fragile) easy to bleed.
(subconjunctival hge).

3. Severe conjunctivitis.

4. Mechanical straining / d.t. cough & high BP.

5. Bleeding disorders.

6. Head injury -- etc.

Xerosis:

What makes the tear film stable? the Mucinous layer which is secreted by goblet cells that found in conjunctiva & if affected → "Primary Xerosis".

Secondary signs:-

1- Night blindness:- Vit A enter in metabolism of Rods cells which are responsible for night vision.

→ Vit. A helps in regeneration of Rod cells.

2- Xerophthalmia Fundus:- on retina.

3- Xerophthalmia scars:- in conjunctiva d/t dryness Fibrosis.

Cysts & Tumours

Cyst

- 1- Epithelial implantation cysts / d/t trauma.
- 2- Retention Cyst / transparent cyst contains fluid.
- 3- Hydatid cyst / could be found in eye (rare).

Tumours

Pigmented tumours like Melanoma.

Conjunctival Tumours & Benign

Epibulbar dermoid :-

The common cyst is dermoid ^{bulbar} in upper outer area of roof of orbit (You can palpate it there) ^{palpebral}
but epibulbar dermoid is rare.
^{bulbar} _{CS}

Malignant :-

Primary acquired melanosis (PAM) :-
It may affect any part of the body & may be conjunctival.

Pictures/

Nevus :- 1. ch. ch. by well-demarcated pigmented area. (30% isn't pigmented).

2. Long standing

3. Since birth.

4. not change.

→ we should follow up.



Papillomas

Two types

Pedunculated

Sessile

- | | |
|-------------------------------------|----------------------------|
| 1 - elevated | - not elevated |
| 2 - has neck & narrow base | - wide base (sessile). |
| 3 - in childhood or early adulthood | - in middle age. |
| 4 - Infection | - Not caused by infection. |
| 5 - Multiple & bilateral. | - Single & unilateral |
| 6 - Clear margin | - not clear. |

ملاحظات عامة //

1- يجب متابعة الداتا شو الخاص بالمخاطبة لأنه الطلمات المكتوبة في هذا التفرع هي "ملاحظات فقط".

2- الطلمات المكتوبة أسفل الصور المرفقة في الداتا شو مخصصة.

3- هذا التفرع بالأخفاصة للداتا شو لا يعني عن قرادة الموضوع جيداً مع الكتاب أو المرجع الذي تقدموه حتى تكمل الطومة ويضع الموضوع كامل.

4- كتب بعض المختصات العامة وهي :

Conj. d/t characterised, b/w → between
conjunctiva due to chach



5- لا تنسونا مع خالص دمايق

بقلم / فريم أحمد البريسي